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FAX FILING IN U.S. PATENT & TRADEMARK OFFICEDATE: August 27, 2007

TIME: _____

TO: <i>Commissioner for Patents</i>	
FAX NO.: 571-273-8300	
FROM: Jacques L. Etkowicz	ADMIN. ASST.: Kathleen P. Carney
APPLN. NO.: 10/535,539	ATTY. DOCKET NO.: TJA-121US
TITLE OF APPLN.: ADJUSTABLE HEIGHT UNIT WHICH IS USED TO TRANSFER ALIGNED, UPRIGHT OBJECTS FROM A FIRST CONVEYOR TO A SECOND CONVEYOR	
FILING DATE: May 15, 2006	ART UNIT: 3651
FIRST INVENTOR: Alex Marti Mercade	CONF. NO.: 9226
TITLE OF DOCUMENT: Amendment AF	
List of Attachments: Transmittal (1), Amendment AF (8), Extension of Time + copy (2); PTO-2038 (1)	
Total Number of Pages: 12 13 (including this form)	
COMMENTS	

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PTO/SB/21 (09-04) (AW 10/2004)

Approved for use through 7/31/2008. OMB 0651-0031

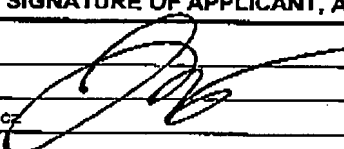
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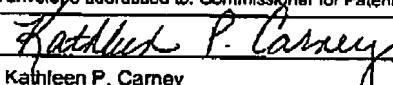
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/535,539
	Filing Date	May 15, 2006
	First Named Inventor	Alex Marti Mercade
	Art Unit	3651
	Examiner Name	Kavel Singh
Total Number of Pages in This Submission 12	Attorney Docket No.	TJA-121US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> PTO-2038 Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Faxsheet
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Jacques L. Etkowicz		
Date	August 27, 2007	Registration No.	41,738

CERTIFICATE OF TRANSMISSION / MAILING			
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Signature			
Typed or Printed Name	Kathleen P. Carney	Date	August 27, 2007

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